



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>0 2 - 0 1 0</u>	2. STATE: <u>Iowa</u>
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE <u>June 1, 2002</u>	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <u>42 CFR Part 440 Subpart B</u>		7. FEDERAL BUDGET IMPACT: a. FFY <u>02</u> \$ <u>0</u> b. FFY <u>03</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <u>Attachment 3.1-A, page 38</u>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <u>Attachment 3.1-A, page 38</u> <u>Iowa (02-010)</u> <u>approved: 09/11/02</u> <u>effective: 06/01/02</u>	
10. SUBJECT OF AMENDMENT: <u>Adds ability to enroll as providers independently practicing advanced registered nurse practitioners certified in family, pediatric, of psychiatric-mental health specialties</u>			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Director Department of Human Services Hoover State Office Building Des Moines, IA 50319-0114	
13. TYPED NAME: <u>Jessie K. Rasmussen</u>			
14. TITLE: <u>Director</u>			
15. DATE SUBMITTED: <u>June 24, 2002</u>			
17. DATE RECEIVED: <u>06/26/02</u>		18. DATE APPROVED: <u>06/24/02</u>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>JUN 01 2002</u>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <u>Thomas W. Lenz</u>		22. TITLE: <u>ARA for Medicaid & State Operations</u>	
23. REMARKS: <u>Rasmussen</u> <u>Anderson</u> <u>CO</u> <u>DATE SUBMITTED: 06/24/02</u> <u>DATE RECEIVED: 06/26/02</u>			

LIMITATIONS ON SERVICE

6.d.10 **ADVANCED REGISTERED NURSE PRACTITIONERS CERTIFIED IN
PSYCHIATRIC OR MENTAL HEALTH SPECIALTIES**

Coverage is limited to services provided by independently practicing advanced registered nurse practitioners certified in psychiatric or mental health specialties within their scope of practice, including advanced nursing and physician-delegated functions under a protocol with a collaborating physician, with the additional exclusion of services not payable to physicians under the plan.

Advanced registered nurse practitioners certified in psychiatric or mental health specialties providing vaccines which are available through the Vaccines for Children (VFC) program shall enroll in the VFC program and receive available vaccines thereby. Medicaid reimbursement shall not be made for vaccines available through the VFC program.

State Plan TN # _____

Superseded TN # None

Effective

Approved

JUN 01 2002

SEP 11 2002